

Board of Health, City of Baltimore,
 Permit No. 99450 Office of Registrar of Vital Statistics. Ward 19²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William D. Burdick

Sex, Male or ~~Female~~ { Cross out the word not required in this line. }

Age, 10 Years, 11 Months, ✓ Days.

Color, Dark

Married, Single, ~~Widow~~ or ~~Widower~~ { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Accomac Co. Va.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 415 Parrish al

Cause of death, { First, (Primary.) Tubercular Meningitis }
 { Second, (Immediate.) _____ }

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Ann's Cem

Date of Burial, Apr. 25th 1887 } J. H. Clark M. D.,
 { Undertaker, William Dunne }
 { Place of Business, 150 East St } Address, 908 N. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99451 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1887

Full Name of Deceased, Lewis H. Brown

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male

{ Cross out the word not required in this line. }

Age, 54 Years,

Months, 5

Days, 1

Color, White

Married, Single, Widow or Widower, Single

{ Cross out the words not required in this line. }

Occupation, Miller

Birth Place, Maryland, Frederick Co.

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 31 years

Place of Death, 745 Columbia St

{ Give Street and Number. }

Cause of Death, Pneumonia

{ First (Primary),

Second (Immediate). }

Duration of Last Sickness, over 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr 26/87

Undertaker, J. B. Cook

Place of Business, 1003 W. Baltimore

Address, 522 N. Japan

W. H. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99452 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, April 24, 87

Full Name of Deceased, Annie Reynolds, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Female or Male, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, — Days.

Color, White,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, Fredrick City, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 5 years

Place of Death, 1836 McHenry St, { Give Street and Number. }

Cause of Death, Pneumonia - Erysipelas
Pyæmia
6 days
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 6 days
All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 25/87

Undertaker, J. B. Cook M. D.

Place of Business, 1003 W. Baltimore Address, 1853 N. E. St.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99453 Office of Registrar of Vital Statistics.

Ward 17⁹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dominick Bingr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sail Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Cor West & Battery Ave

Cause of Death, { First (Primary), Second (Immediate), } Epilepsy
Spasms & Syncope.

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons

Date of Burial, April 26

{ Undertaker, B. H. Hall

{ Place of Business, 115 West St.

A. J. Flannery M. D.

Medical Attendant.

Coroner
Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99457 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 24th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Prince A. Watts
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 3 Years, 3 Months, — Days
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } —
Occupation, —
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. ✓
Duration of Residence in the City of Baltimore, 3 mo
Place of Death, { Give Street and Number. } 104 W. Wilcox st
Cause of Death, { First (Primary), Second (Immediate), } Inflammation Bowels
Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Havril Cemetery

Date of Burial, April 25 1887

Undertaker, Mercedes Bros

Place of Business, 404 E. Calver St

R. C. Lee M. D.
Medical Attendant.

Address, Havril St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99435 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 24, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ewa Klein

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give Street and Number. } 118 1/2 Chapel St.

Cause of Death, { First (Primary), Second (Immediate), } Anaemia
General Debility

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 25

Undertaker, M. Dippel

Place of Business, 151 S. Bond Address, 1810 E. Baltimore St.

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99456 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April, 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Vitzler

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 59 Years, 3 Months, 5 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 1602 E. Balto St

Place of Death, { Give Street and Number. } 1602 E. Balto St

Cause of Death, { First (Primary), Second (Immediate), } Spontaneous Apoplexy, of Hands Feet

Duration of Last Sickness, Less than 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Schwarzen Cem.

Date of Burial, April 25

Undertaker, H. Lippel

Thos. J. Thurgood M. D.
Medical Attendant.

Place of Business, 151 S. Bond St Address, 1102 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99457 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles F. Mahan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 57 Years, 7 Months, 14 Days.

Color, White

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Agent

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give Street and Number. } No 215 N. Ridge St

Cause of Death, { First (Primary), Second (Immediate), } Alcoholic Poison
Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 26

{ Undertaker, Walter James John I. R. Brown M. D. Medical Attendant.

{ Place of Business, 59 N. Ridge St Address No 662 N. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Requirement of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99458 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernard J. Finiel

Sex, Male or ~~Female~~, { Cross out the word "not" required in this line. } Male

Age, 3 4 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Drummer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give Street and Number. } Cor Lombard & Dea St

Cause of Death, { First (Primary), Second (Immediate), } Remittent Fever
Natural

Duration of Last Sickness, 1 1/2 day

All the above information should be furnished by the Physician.

Place of Burial, Centreville Queen Anne Co

Date of Burial, Tues 26 1887

Undertaker, Jos T. Byrnes J. H. Cheley M. D.

Place of Business, 59ⁿ Liberty Address, 405th W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99459 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Cedars

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Years, 9 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 427 Hamburg Street

Cause of Death, {First (Primary), Diarrhoea
Second (Immediate), Exhaustion

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, April 26th 1887

{ Undertaker, H. Ross } {Funeral Home} M. D.

{ Place of Business, Conway } Address, Conway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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H. C. Seward S. I. [OVER.]